



Paseo Senter at Coyote Creek

1898 Senter Road, Suite 10, San Jose, CA 95112

T: (408) 947-9100 F: (408) 947-9103



Now Accepting Applications for one of the four (4) McKinney Unit



Affordable 1, 2 and 3 Bedroom Apartments

Community Features:

- On-Site Management
- On-Site Services and tenant programs
- Covered Parking
- 2 - Community Rooms
- 2 - Laundry Rooms
- Bicycle Storage
- Furnished Outdoor Common Area
- Swimming Pool
- Near schools, shopping and public transportation

Units feature:

- Full Kitchen and Bath
- Equipped with appliances
- Private Balcony
- Central heating/air
- Accessible units available.
- Rent calculated at 30% of household income



Occupancy Restrictions:

- Income Restrictions Apply.
- Homeless and disabled single adults and households according to HUD definition for SHP McKinney program. Contact the office with any questions.
- The program verifies disability for at least one household member
- Occupancy restrictions apply. Min of 2 person households and max of 7 persons depending on unit type.

Occupancy Requirements

Unit Size	Min Household Members	Max Household Members
1 Bd	2	3
2 Bd	3	5
3 Bd	4	7

Max Income Limits

Median Income \$105,500

AMI	Number of Persons	Max Income
25%	2	\$20,400
25%	3	\$22,950
25%	4	\$25,475
25%	5	\$27,525
25%	6	\$29,575
25%	7	\$31,600

APPLICATION PERIOD:

February 19 through February 24, 2015

How Do I Apply?

When: 02/19-02/24, Weekdays - 9:00 am to 4:00 pm

Where: Pick up and Drop Off Your Application at:

- **Paseo Senter at Coyote Creek**
1889 Paseo Senter Rd, San Jose, CA 95112

NO FAX OR EMAIL APPLICATION WILL BE ACCEPTED.
Original applications must be turned in.

Applications and other important information also available online at:

www.charitieshousing.org

Questions? Call (408) 947-9100 or e-mail:
paseosenter@charitieshousing.org

NOTE: Tenant(s) rent is 30% of adjusted household income



CHARITIES HOUSING

APPLICATION TO RENT PROPERTY AT
PASEO SENTER AT COYOTE CREEK
1898 SENTER ROAD, SAN JOSE, CA 95112
PHONE: 408-947-9100 - FAX: 408-947-9103



Equal Opportunity Housing

A completed application to rent is required for ALL occupants 18 years of age or over (copy page 2 if additional applicants).

What is your preferred size of unit? Choose only one: 1 bed (1 to 3 persons) 2 bed (2 to 5 persons) 3 bed (4 to 7 persons)
If your preferred unit size is not available, would you like to be considered for other sized units? Yes No
I / We understand that Charities Housing cannot guarantee a smoke free environment. Yes No

APPLICANT 1

Full name Special Needs: McKinney-Homeless and disabled
Phone numbers: Cell: Work: Home:
Soc. Sec. / or ITIN Number Date of Birth email:
Driver's license or government issued Identification Number: Expires State
Current address: City: State Zip

List 2 years of residential history below. Use additional sheet, if needed.

Name of current landlord / manager or management company
Landlord/Manager's phone From (date): To (date):
Reason for leaving

Previous landlord/manager Previous Address
Landlord/Manager's phone From (date): To (date):
Reason for leaving

Present employer Supervisor How long with this employer
Employer's address City State Zip Phone
Position or title Gross income \$ Circle one: Hourly / Weekly / Every two weeks / Monthly

Other Income: List all other sources of income (TANF, child support, General Assistance, Alimony, other family support, self employment, VA benefits, etc.)
Source \$ Circle one: Hourly / Weekly / Every two weeks / Monthly
Source \$ Circle one: Hourly / Weekly / Every two weeks / Monthly

What do you estimate your total gross annual income to be? \$
Do you own an automobile? Yes No Auto make Model Year Color

Bank Account Information. Do you have a bank account: Yes No If you checked Yes, please provide information below.

Table with 4 columns: Name of Bank, Address/branch, Account number, Type of account

Instruments of Savings (Certificates of Deposit, Retirement Plans that you can access, etc.).

Do you have Instruments of Savings: Yes No If you checked Yes, please provide information below.

Table with 4 columns: Name of account / location, Account number, Balance, Interest rate

Do you own any Real Estate (such as a house), either alone or with someone else? Yes No
If yes, do you receive any income from the Real Estate? Yes No. If yes, how much? \$
Have you sold or disposed of any assets in the last two years? Yes No

ADDITIONAL APPLICANT

Please copy if additional applicants

ARE YOU AN ADDITIONAL CO-APPLICANT? **Yes** **No**

IF YOU CHECKED NO: PLEASE WRTE N/A NEXT TO Full name LINE (BELOW) AND DRAW A LONG LINE ACROSS THIS PAGE AND GO TO NEXT PAGE.

IF YOU ARE AN ADDITIONAL APPLICANT, PLEASE FILL OUT THIS PAGE.

Full name _____ **Special Needs:** Homeless and disabled
 Phone numbers: **Cell:**(_____) _____ **Work:** (_____) _____ **Home:** (_____) _____
 Soc. Sec. / or ITIN Number. _____ / _____ / _____ **Date of Birth** ____/____/____ **email:** _____
Driver's license or government issued Identification Number: _____ **Expires** ____ / ____ / ____ **State** _____
Current address: _____ **City:** _____ **State** _____ **Zip** _____

List 2 years of residential history below. Use additional sheet, if needed.

Name of current landlord / manager or management company _____
Landlord/Manager's phone (____) _____ **From (date):** ____/____/____ **To (date):** ____/____/____
Reason for leaving _____

Previous landlord/manager _____ **Previous Address** _____
Landlord/Manager's phone (____) _____ **From (date):** ____/____/____ **To (date):** ____/____/____
Reason for leaving _____

Present employer _____ **Supervisor** _____ **How long with this employer** _____
Employer's address _____ **City** _____ **State** _____ **Zip** _____ **Phone** (____) _____
Position or title _____ **Gross income \$** _____ **Circle one:** Hourly / Weekly / Every two weeks / Monthly

Other Income: List all other sources of income (TANF, child support, General Assistance, Alimony, other family support, self employment, VA benefits, etc.)
Source _____ \$ _____ **Circle one:** Hourly / Weekly / Every two weeks / Monthly
Source _____ \$ _____ **Circle one:** Hourly / Weekly / Every two weeks / Monthly

What do you estimate your total gross annual income to be? \$ _____

Do you own an automobile? Yes No **Auto make** _____ **Model** _____ **Year** _____ **Color** _____

Bank Account Information. Do you have a bank account: Yes No If you checked Yes, please provide information below.

Name of Bank	Address/branch	Account number	Type of account

Instruments of Savings (Certificates of Deposit, Retirement Plans that you can access, etc.).

Do you have Instruments of Savings: Yes No If you checked Yes, please provide information below.

Name of account / location	Account number	Balance	Interest rate

Do you own any Real Estate (such as a house), either alone or with someone else? Yes No

If yes, do you receive any income from the Real Estate? Yes No. If yes, how much? \$ _____

Have you sold or disposed of any assets in the last two years? Yes No

ALL occupants(s) under 18 and relationship to applicant(s)

Name _____ Relationship _____ Birth date ____/____/____ Soc: No: or ITIN ____/____/____
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 Name _____ Relationship _____ Birth date ____/____/____ Soc: No: or ITIN ____/____/____
 Name _____ Relationship _____ Birth date ____/____/____ Soc: No: or ITIN ____/____/____

ALL APPLICANTS

Has any applicant been convicted of a felony? Yes No If yes, type of felony _____

Has any applicant been a party to an unlawful detainer action or filed bankruptcy within the last seven years? Yes No

If yes, please explain _____

Emergency Information - Person to Notify: _____ Phone (____) _____ Relationship _____

Address _____

Emergency Information - Person to Notify: _____ Phone (____) _____ Relationship _____

Address _____

The property shall be occupied only by the person(s) named in this application. Applicant(s) represent(s) the above information to be true, correct, and complete and hereby authorize(s) verification of the information provided, including obtaining credit report(s), UD report(s), and criminal background report(s) at the cost of \$ 30.00 to be paid by applicant(s). Applicant(s) understand(s) and agree(s) that the landlord may disqualify applicant and/or terminate any rental agreement entered into for any misrepresentation made above.

_____	_____	_____	_____	_____
Date	Time	Applicant 1 Signature	Phone (day)	Phone (eve)
_____	_____	_____	_____	_____
Date	Time	Applicant 2 (if any) Signature	Phone (day)	Phone (eve)
_____	_____	_____	_____	_____
Date	Time	Applicant 3 (if any) Signature	Phone (day)	Phone (eve)
_____	_____	_____	_____	_____
Date	Time	Applicant 4 (if any) Signature	Phone (day)	Phone (eve)
_____	_____	_____	_____	_____
Date	Time	Applicant 5 (if any) Signature	Phone (day)	Phone (eve)
_____	_____	_____	_____	_____
Date	Time	Applicant 6 (if any) Signature	Phone (day)	Phone (eve)
_____	_____	_____	_____	_____
Date	Time	Applicant 7 (if any) Signature	Phone (day)	Phone (eve)